Non-Resident Pool Application
INCORPORATED VILLAGE OF FLORAL PARK
2020 SWIMMING POOL APPLICATION

Registration will take place in the V.F.P. Recreation/Pool Building.

* Submit checks or money orders only, payable to the **Inc. Village of Floral Park Pool**.
* Cash will not be accepted. A fee of $30.00 may be imposed for checks not honored by your bank.

Please type or print clearly - all required information.

Member last year (Please circle one) Yes ☐ No ☐

Same address as last year (Please circle one) Yes ☐ No ☐

Season Application (Please circle one) Family ☐ Couple ☐ Individual ☐ Senior Citizen ☐

Amount Enclosed $_____

Applicant's Full Name: _____ (DOB) _____

Partner's Full Name: _____ (DOB) _____

Address: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact: _____ Relationship _____ Phone # _____

Children's Names	Date of Birth	Age (as of 6/1/20)	School (as of 9/20)

I HEREBY APPLY FOR A 2020 SEASON PASS AT THE FLORAL PARK SWIMMING POOL. I UNDERSTAND AS THE PATRON/MEMBER INDIVIDUALLY, AND/OR ACTING ON BEHALF OF ENROLLED IN FULL THAT I SHALL BE LIABLE FOR ANY PROPERTY DAMAGE AND/OR PERSONAL INJURY (CAUSED BY A MEMBER, GUEST OR ANY OTHER PERSONS) AT THE V.F.P. POOL COMPLEX FOR THE 2020 SEASON, DURING ANY ACTIVITY, FUNCTION, ARRANGED OR SPONSORED EVENT. IT IS MY OBLIGATION TO PAY FOR ANY COSTS INVOLVED UPON PRESENTATION OF A STATEMENT THEREOF. I UNDERSTAND THERE WILL BE NO REFUNDS GIVEN. ANY FALSIFICATION IN THE APPLICATION INFORMATION MAY RESULT IN THE CANCELLATION OF MEMBERSHIP WITHOUT REFUND. I UNDERSTAND WE ASSUME RESPONSIBILITY FOR OUR OWN HEALTH, AND/OR THAT OF THE CHILDREN AS LISTED, AND THAT WE ARE HEALTHY ENOUGH TO PARTICIPATE IN ANY AND ALL ACTIVITIES ASSOCIATED IN MEMBERSHIP. PARTICIPATION IN ANY AND ALL ACTIVITIES, FUNCTIONS, ARRANGED OR SPONSORED EVENT SHALL BE AT SUCH PERSON'S OWN RISK. I AGREE THE INC. VILLAGE OF FLORAL PARK, THE FLORAL PARK POOL, THE V.F.P. RECREATION CENTER, EMPLOYEES, AND RESIDENTS SHALL NOT BE LIABLE FOR ANY INJURIES OR DAMAGE, INCLUDING THOSE CAUSED BY BACTERIA OR VIRUS TO SUCH PERSONS, OR THE PROPERTY OF SUCH PERSONS, OR BE THE SUBJECT TO ANY CLAIM, DEMAND, INJURY, ACTIONS OR CAUSES OF ACTION OR DAMAGES, AND I HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD THEM HARMLESS FROM ANY CLAIM. I ALSO ACKNOWLEDGE READING AND AGREE TO THE POLICIES AND RULES OF THE V.F.P. POOL AS THE PREREQUISITE TO MEMBERSHIP, AND PARTICIPATION IN ANY PROGRAMS. I AGREE THAT ANY PHOTOS TAKEN MAY BE USED AT THE DISCRETION OF THE V.F.P. RECREATION/POOL DEPARTMENT .

Do you have any special needs? If so, please describe._____

_____ _____

Signature of Applicant *Parent Signature of* individual pass holder under 18.